

KING COUNTY DEPARTMENT OF COMMUNITY AND HUMAN SERVICES

COMMUNITY SERVICES DIVISION

STRATEGIC PLAN 1998-2000

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Acknowledgments

The Metropolitan King County Council approved the Community Services Division Strategic Plan on February 10, 1997. It did so after the Regional Policy Committee conducted public hearings, identified key issues of concern and incorporated changes in the final plan; which was then recommended to the County Council for adoption. To oversee the community consultation process and redrafting of the plan, the Regional Policy Committee established an Interjurisdictional Work Group of staff representing Seattle, suburban cities and the Council.

In 1994, the Community Services Division presented its initial strategic plan to the King County Children and Family Commission. The Commission reviewed the plan for consistency with its values and goals. After community hearings, the Commission suggested revisions which CSD integrated into the plan. The Commission, then, recommended that the Executive forward the revised plan to the County Council.

Community Services Division staff were involved in articulating the basic principles expressed throughout this document. The contributions of program clients, service providers and funders helped to shape the plan's essential components.

I thank everyone who participated in the *very* long process from which *this* plan emerged.. Your critical thought and your willingness to help us plan for the future were invaluable in the creation of the final product. Some of those who worked hardest are listed below.

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In closing, on behalf of the Community Services Division, I particularly thank Barbara Gletne, the Director of the Department of Community and Human Services, for her unwavering support.

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COMMUNITY SERVICES DIVISION STRATEGIC PLAN

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OVERVIEW AND CONTEXT

The Strategic Plan for the Community Services Division (CSD) of the King County Department of Community and Human Services (DCHS) is presented in fulfillment of the requirements of Council Motion 9137. The motion adopted CSD's mission and directed CSD to present a strategic plan for Division activities every three years. The King County Children and Family Commission, as directed in the motion, reviewed this plan in early 1995, made significant changes, and forwarded it to the King County Executive and the Metropolitan King County Council.

The Council, in response to concerns of human service providers and other local funders, directed further stakeholder input on the Plan before its adoption. The Council's Regional Policy Committee convened an interjurisdictional work group to conduct stakeholder input meetings and recommend changes to CSD. Consequently, seven community meetings designed to elicit advice and comment on the Plan were held between September 10 and October 7, 1996. Themes and concerns from these meetings were considered in producing the plan.

The Plan presented here is a strategic plan for the funding years 1998 through 2000. Funding for 1997 is in place and the rest of the year will be spent completing process tasks described in this document. The Plan directs King County's support of community-based human services. It implements CSD's mission to work in partnership with communities and other funders to develop, support, and provide human services which emphasize prevention, intervention, and community education, as well as to provide decent, affordable housing. The three-year timeframe was established because changes are expected in the near future which will require responses that differ from the current ones—specifically, changes in tax base, in governance, and in population distribution.

Scope of the Strategic Plan

The Strategic Plan is a plan exclusively for the human services provided by the Community Services Division of the Department of Community and Human Services. It covers all funds provided to CSD; it does not cover human services provided by other County divisions and departments.

Total County planned services expenditure from all fund sources for human services in 1997 is \$303,000,000 which includes services provided by CSD, Public Health, the Mental Health and Developmental Disabilities divisions of DCHS, the Division of Alcohol and Substance Abuse, Emergency Medical Services, and Hazardous Waste Planning. CSD funding from all sources accounts for 5% of this amount, approximately \$15,000,000.

The Community Services Division provides community-based human services throughout King County and housing and community development services for low-income populations. The current range of services includes:

Adult day care	Child care subsidy
Community organizing	Community education
Domestic violence victim services	Emergency shelters
Housing and community development	Refugee services
Senior centers	Sexual assault victim services
Veterans services	Youth and family services
Youth shelters	Youth employment services
Youth involvement and recreational activities	Legal information and assistance

The CSD services listed above are supported by multiple fund sources: federal funds, state property levies, County sales tax set aside for human services, and County general funds--the latter are called current expense funds by King County. The Strategic Plan applies to all CSD services, but CSD recognizes that constraints established by other funders limit the flexibility of the Division's programming. CSD has the most flexibility in its use of current expense funds which are approximately \$11,000,000, three percent of the County's planned 1997 Current Expense Fund expenditures of \$365,000,000.

The current expense funds are County discretionary funds which are from the most flexible human services funding source. They are in increased demand by mandatory services including courts, juvenile justice, adult detention, and public safety. Since the 1980's, the shift in revenues from the County to newly-formed cities has increased the intensity of this competition by limiting the growth of revenue to the Current Expense Fund.

The Plan does not attempt to define local and regional human service responsibilities between the County and other jurisdictions. CSD will not make changes in its service delivery strategies based on the local/regional issue until such time as elected officials provide clear guidance. Although CSD is directly impacted by the shifting of revenues and populations caused by annexations and incorporations, it is the responsibility of elected officials to negotiate which human services fall to municipal jurisdictions and which to King County. To this end, CSD encourages the Growth Management Planning Council to refer to the work of the Human Services Roundtable in its decision-making on local/regional human services responsibility.

What Does the Plan Emphasize?

CSD plans for services which will implement its mission. The mission was adopted by the County Council in 1993 and amended by the Division in 1995 to include the addition of housing and community development services:

"The mission of the Community Services Division is to work in partnership with communities and other funders to strengthen individuals and families and improve the viability and livability of communities. We achieve this by

developing, supporting and providing prevention, intervention and community education-based human services; decent, affordable housing; and other capital investments.”

The Strategic Plan emphasizes human services which are interventions occurring prior to an individual's need for intensive treatment services such as those provided by the County's mental health system, health services, and alcohol and drug abuse inpatient services. These earlier interventions are intended to prevent the development and/or the escalation of problems of individuals, families, and communities. Use of the earliest intervention that has proven effectiveness is a long-term goal of the Division, and full achievement is not anticipated within the period covered in this plan. In general, earlier interventions are shorter-term than treatment, and do not always require licensed clinicians to perform them.

In addition, the County Council directed the Division to establish services at early intervention points when it developed the funding plan for the Health and Human Services sales tax set-aside in 1988. Major programs in the Division were established based on the Human Services revenues and the principles developed for allocation of those funds. These included teen parent programs, child care assistance for low-income families, and adult day care in rural areas.

The Division's mission does not emphasize treatment services because the County has other dedicated funding sources for most of these, while it has primarily current expense funds available for early interventions. CSD's mission is construed as an obligation to maintain this part of the human services continuum.

Even though most of CSD's current service mix emphasizes prevention and early intervention, there are exceptions, including court-ordered treatment for batterers in domestic violence cases, and clinical services to child victims of sexual assault. CSD recognizes an obligation to maintain these programs and intends to continue support until they can be transferred to more appropriate departments or other alternative arrangements can be made.

Impending changes in federal funding for human services and unforeseen changes may place CSD in the position of having to be flexible in the selection of interventions in order to fill critical service gaps. However, following the spirit of its mission, CSD will need to plan to return to earlier interventions as soon as possible. The pitfalls of filling service gaps without a plan to disengage is illustrated by the County funding of shelters for homeless youth. The Council, in the human services policies for the sales tax set-aside, directed CSD to provide funding for shelters until the State assumed the funding of what the County considered state responsibilities for these youth. The State has not addressed the funding of shelters and the County continues to fund youth shelters.

In this plan CSD emphasizes the value of improved coordination of human services programs to clients and funders. In order to foster efficient use of public funds, coordination can occur at many levels. With other funders, CSD can coordinate the development of joint priorities and the selection of common benchmarks. CSD's efforts should also include coordination within

King County government to eliminate redundant and conflicting requirements which present barriers to integration of services for clients with multiple needs.

Terms Used in the Plan

Four Issue Areas

CSD has selected four issue areas for this period covered by the Plan in order to broaden the scope of interventions available to achieve the Division's mission. By focusing on issue areas, not service systems or target populations, CSD believes it will be better able to focus on underlying problems and measure progress. Modification of these issue area definitions is anticipated at the end of the year 2000 to reflect experience gained while carrying out this plan.

The four issue areas are:

- *Increasing Family Stability.* Promoting residential stability, ability to earn a livable wage, healthy family interactions, reducing social isolation, and promoting healthy lifestyle choices. Families include single adults, the elderly, multi-generational families, and self-defined family groups.
- *Promoting Youth Success.* Increasing the likelihood that individual youth will mature into successful, contributing adults, including efforts that increase the capacity of children and youth to resist drugs, gangs, violence, teen pregnancy, and academic failure, and those that build healthy lifestyles.
- *Strengthening Communities.* Developing a sense of neighborhood and encouraging community involvement, supporting individuals and families to take an active role in helping themselves and others, and in creating and maintaining supportive communities. Funding community physical infrastructure improvements.
- *Reducing Community Violence.* Reducing the level of violence experienced by individuals in their families and communities, and increasing in their sense of safety.

Infrastructure

CSD uses the term *infrastructure* in this plan to refer to the programs, facilities, personnel, and relationships among them that ensure human services are accessible and available to effectively serve all customers and communities King County. An effective infrastructure is one that is responsive and flexible in meeting the changing needs of the customers and communities it serves.

Community

In this plan, CSD uses the term *community* to refer to the populations of geographical areas which have common concerns about the nature of and need for human services, and to communities that are affiliated by language, culture, and other elements.

Partnership with Communities and Other Funders

In this plan, CSD uses the term *partnership* with communities and other funders to refer to cooperative efforts to implement the most responsive, highest priority service mix based on needs assessments, community priorities, and service strategies in common with other funders and in consultation with the existing infrastructure.

Prevention and Treatment

These terms are used to describe opposite ends of the human services continuum. Between them are intervention points of increasing professional intervention and decreasing individual and community capacity to prevent or solve problems. CSD will implement its mission by staying as close to the prevention and early intervention end of the continuum as possible, while recognizing that there are substantial interventions that fall in a gray area between early intervention and treatment.

Benchmarks

Benchmarks are long-term, outcome-oriented measures reported over time that show a community's progress toward its goals. Positive movement on benchmarks is not the responsibility of individual programs and is not used to determine a program's effectiveness—program evaluations do this. Rather, benchmarks provide a broad measure of the adequacy of the entire system response.

Principles of CSD

Within its mission, CSD has adopted several broad principles to guide its planning efforts. These are:

- CSD plans and delivers human services that are responsive to client, customer, and community needs.
- CSD implements its mission by emphasizing early interventions, as opposed to treatment services.
- CSD has an advocacy role in human services.
- CSD recognizes that it must work in partnership with others because its services are delivered within a community's infrastructure.
- CSD recognizes that elected officials are responsible for determining which services are local and which are regional.
- CSD makes information-driven decisions in order to maximize the effectiveness of its use of public funds to benefit communities and clients.
- CSD works cooperatively with the existing infrastructure to develop needed service changes.

GOALS OF THE STRATEGIC PLAN

Goal 1: Improve CSD's partnership with other jurisdictions, other County departments, and other human service funders.

The last decade has seen considerable change in the number and size of municipalities in King County. What was a “donut” around Seattle that was primarily the County’s responsibility is now a confederation of cities that contains over one-third of the population. Therefore, CSD must increase its partnership with the municipalities and other funders to provide effective services across jurisdictions.

During the Strategic Plan development process, suburban cities made strong recommendations for improved coordination between CSD and themselves. Staff of cities saw the lack of coordination leading to additional administrative costs, confusion over funding responsibilities, and planning at cross-purposes. Service providers reported facing increasingly uncertain funding situations and additional staff costs responding to multiple funders with multiple agendas.

If multiple jurisdictions can agree on service priorities, this should increase the stability of funding. Partnerships could lead to service delivery catchment areas that improve accessibility of services by eliminating jurisdiction-based, artificial eligibility barriers. Agreement on funding priorities among jurisdictions and funders could lead to more efficient use of administrative resources in contracting, performance review, and service delivery agency resources.

The need for cooperation with other jurisdictions to improve service to city residents does not detract from CSD’s responsibility to residents of unincorporated areas. King County’s responsibility to act as the municipal government for residents of unincorporated areas remains unchanged.

Goal 2: Use the four broad issue areas to increase client/community focus of services.

In developing this plan, CSD focused on critical issues and outcomes rather than specific target populations or service delivery systems. Service strategies will be developed with attention to the underlying causes of problems and will not be focused exclusively on target populations or limited to the service interventions currently in place. This does not mean that target populations and service systems will not be considered in crafting service strategies, but rather that they will be considered in relationship to the underlying issues.

CSD’s commitment to emphasize early intervention increases the necessity that service strategies be based on risk factors rather than target populations--target populations are identified after problems emerge; risk indicators appear before

problems are manifested. Many programs currently funded through CSD are addressing underlying causes and providing early interventions. These programs need to be acknowledged and maintained. In those issue areas lacking effective early interventions, CSD will explore the possibility of addressing problems before they significantly affect people and place additional demands on expensive treatment/intervention systems.

The focus on the four issue areas could result in funding changes. However, changes will not be arbitrary, but in response to relevant factors described within Goal 4.

Goal 3: Use information on sub-regional needs and priorities to improve service responsiveness.

While all social issues and service needs span King County, the great diversity within the County means that many issues are of high priority to one sub-region but lower priority in another. Residents from more isolated areas have expressed concern that their unique problems in service accessibility be recognized. Suburban city planners have noted that they see different service priorities among their cities. CSD must be aware of the sub-regional differences and able to work with communities in the sub-regions to craft service delivery mixes that meet their needs.

Goal 4: Use information about needs and existing service levels to improve the match between service needs and accessibility of services.

To ensure that CSD programs are responsive to community needs, allocation decisions must be based on reliable sources of information that describe the populations in terms of risk factors, community strengths, and community needs assessments. Without regular mechanisms for reviewing needs and service levels, service delivery and funding allocations may not respond to changing needs within the County and differing needs among the sub-regions. While CSD does not plan extensive use of RFP's, it cannot offer a hold harmless guarantee to any contractors. Factors that could trigger a competitive solicitation process are: contractor performance, changes in local priorities, changes in needs data, and identification of successful prevention-oriented service strategies.

Goal 5: Improve the participation of communities and clients in the selection of service priorities and in the evaluation of effectiveness.

CSD does not receive direct input from communities and individuals interested in and affected by many of the services it provides. Consequently, CSD plans to increase client, consumer, and community feedback, both through the service providers and through direct methods of outreach.

Involvement of clients and community members in assessing and prioritizing their needs gives them a greater stake in service strategies that evolve. This, in turn, improves the chances that adopted service strategies will be successful. For example, consulting with community members in “Anytown” could highlight that a late night recreation program for teenagers is a high priority for them. If such a program were implemented, it could reasonably be expected that involved community members would have a vested interest in its success and would readily comment on the program’s effectiveness, if asked.

Goal 6: Develop service strategies that increase the ability of communities and individuals to solve problems themselves.

During a series of hearings on the original strategic plan held by the Children and Family Commission, community members stated that communities had strengths as well as needs, and that they preferred to solve problems locally whenever possible. They did not see the insertion of formal social service programs as the optimal solution to every problem in their communities; often, the informal networks were the best option. They requested that more effort be made to strengthen communities so they could solve more problems themselves.

Social research shows that increasing bonding within families and communities has a significant preventative effect on a range of social problems. Particularly for children, increasing the bonding within families and communities improves their resistance to crime, drugs, school drop-out, and other difficulties. The research indicates that successful efforts to help individuals, families, and communities help themselves pays dividends in addressing a broad range of social problems. For example, efforts through CSD’s “Community Organizing Program” have been successful in organizing communities to develop their own solutions to drug use in their neighborhoods.

Goal 7: Identify interventions which have maximum impact in preventing development and escalation of problems.

Both CSD’s mission and the Health and Human Services funding policy adopted in 1988 to fund many of CSD’s programs call for addressing social problems as early as possible, before they place additional demand on costly treatment or intervention systems. CSD, with its current expense funds, has greater flexibility in addressing problems at earlier stages; most other departments providing social services are constrained by their funding sources from providing services prior to serious manifestations of identified problems.

Goal 8: Improve integration of services for individuals and families with multiple service needs.

Within CSD, many of the services provided to the same populations are not well integrated or coordinated. Developed at different times and with different objectives, programs have not recognized their common clients or moved to coordinate their efforts. This service integration problem is even greater with programs outside CSD.

Without coordinated service integration, clients experience multiple application procedures, service gaps or delays, and contradictory instructions from service providers. They must weave their way through the confusing array of procedures and services without adequate support or assistance.

Goal 9: Make internal changes needed to ensure successful implementation of the Plan.

Implementing the Plan will make fundamental shifts in the way CSD conducts business. Beyond changing its relationship with its external stakeholders, CSD must make internal changes to achieve the goals within the Strategic Plan. If improvements in service integration, contract monitoring, and community involvement are to be accomplished, CSD must ensure that its internal structure and procedures facilitate and support these improvements.

IMPLEMENTATION OF THE GOALS

The culmination of the strategic planning process is the development of strategies to implement CSD's goals over the next three years. These strategies and their related tasks are presented below. They follow the adopted mission, principles, and goals of the Plan, and they make strategic responses to the external conditions in which CSD must operate.

This is not a finished plan. The strategies presented here are only the initial proposed steps in implementation. Many implementation details remain to be worked out over time and in collaboration with others. Subsequent changes in needs, service resources, and community priorities will, no doubt, call for additional modifications in strategies and tasks.

As set forth in its charter, the Children and Family Commission will continue to provide "oversight and review" during implementation of the Strategic Plan. Since the Commission is responsible to review the Strategic Plan for the next three year cycle, it is prudent that the Commission remain involved in the implementation of this Plan. It is recommended that the Interjurisdictional Work Group of the Metropolitan King County Council's Regional Policy Committee, which provided a valuable municipal perspective in the development of the revised Strategic Plan, also continue to be involved in monitoring its implementation.

Goal 1 Improve CSD's partnership with other jurisdictions, other County departments, and other human services funders

- 1.1 Gather needs assessment data in concert with other stakeholders
 - 1.1.1 Review and utilize existing needs assessment information
 - 1.1.2 Participate in a cooperative needs assessment process with other stakeholders to fill gaps in needs assessment information
- 1.2 Test feasibility of joint sub-regional planning to improve communication and explore collaborative responses to needs and priorities
 - 1.2.1 Select one sub-region to test sub-regional collaborative planning process with other stakeholders
 - 1.2.2 Include municipalities, county and state agencies, non-governmental funders, health and safety networks, unincorporated area councils, other human services planners, and provider representation
 - 1.2.3 Include in test
 - gaining an understanding of other jurisdiction's funding priorities and processes
 - identifying strengths and weaknesses of sub-regional service system
 - exploring collaborative means to fill gaps
 - assessing the impact of welfare reform and other changes in funding streams on services
 - exploring potential collaborative funding in areas of joint interest, and

- communicating and, where possible, coordinating needs assessments, funding processes, data collection, and evaluation requirements
- 1.2.4 Assess feasibility of replicating the process in the other County sub-regions
- 1.3 Explore joint contract processes among multiple funders of programs
 - 1.3.1 Conduct joint contract monitoring with other funders where possible
 - CSD must do site visits that are a comprehensive review of all contract terms and proposes to begin joint monitoring by inviting other contractors to join CSD in some of its 1997 reviews
 - 1.3.2 Standardize reporting formats for as many contracts as possible
 - 1.3.3 Use the same evaluation criteria for as many contracts as possible
- 1.4 Maintain existing distribution of service responsibilities among jurisdictions until elected officials determine local and regional roles and responsibilities
 - 1.4.1 Limit changes to those which result from the other processes outlined in Plan
- 1.5 Join with other jurisdictions and funders to advocate for needed human service policy changes at county, state, and federal levels
- 1.6 Develop an integration strategy for the King County Consortium Consolidated Housing and Community Development Plan and the CSD Strategic Plan

Goal 2 Use broad issue areas to increase the client/community focus of services

- 2.1 Use four areas: Increasing Family Stability, Promoting Youth Success, Strengthening Communities, and Reducing Community Violence to group services for selection of benchmarks for this planning period
- 2.2 Select benchmarks that will identify change in each of these areas
 - 2.2.1 Select benchmarks from available ones developed by others if there has been community input in the process of establishing them
 - 2.2.2 Establish collaborative process with funders, providers, and regional and sub-regional planners for development of new benchmarks where none are available
- 2.3 Use benchmarks in order to evaluate broad system performance throughout the County and in the sub-regions

Goal 3 Use information on sub-regional needs and priorities to improve service responsiveness.

- 3.1 Include in design of joint sub-regional collaborative planning process, steps which ensure that community members, current clients, community stakeholders, as well as local service providers and funders, are included in the development of sub-regional human services priorities
- 3.2 Include client and community satisfaction as a part of program evaluation design
- 3.3 Advocate with other stakeholders for policy and legislative changes necessary to address human service needs of King County residents

Goal 4 Use information about needs and existing services to improve the match between service needs and accessibility of services

- 4.1 Participate in collaborative planning process with stakeholders to identify strengths and weaknesses of service delivery system within each sub-region
- 4.2 Include in joint sub-regional planning process exploration of collaborative ways to address gaps in availability of services
- 4.3 Use outcome evaluation information to assess the effectiveness of current services in meeting client, customer, and community needs
 - 4.3.1 When possible, use existing evaluations that many service providers and programs already have in place and which are producing the needed outcome information
 - 4.3.2 Where evaluation is lacking or not sufficiently outcome-oriented, work with service providers to develop outcome evaluations through the following steps
 - phased-in process that moves in measured steps from identifying outcomes to developing data collection procedures to data analysis
 - conduct in collaboration with service provider
 - determine level of outcome information required for one-time projects and other projects with very small amounts of County funding
 - recognize that outcome evaluations of prevention programs can be difficult and work to identify reasonable intermediate outcomes
- 4.4 Engage local funders and service providers in dialog about adequacy of current service mix and, if needed, strategies for improving services to better meet communities' identified priorities
 - 4.4.1 Appraise the responsiveness of services to the needs of under-served populations including ethnic minorities, rural residents, and others identified in the needs assessment and priority development
 - 4.4.2 Where existing services are performing well, move to strengthen the infrastructure
 - 4.4.3 When indicated, changes may include refocus of existing services, testing of new service models, and selection of earlier intervention points
 - 4.4.4 Whenever changes are made, transition plans will be developed for clients and assistance provided to service providers in seeking other funding sources
 - 4.4.5 Join other stakeholders in advocating for additional resources or necessary policy changes to improve match between needs and services
- 4.5 Review funding allocations at regular intervals and as necessary to meet changing human services needs; when indicated, work with service providers and funders to make changes in services to improve effectiveness, address accessibility issues, and accommodate changes in funding availability
 - 4.5.1 Make three-year contract commitments to providers for ongoing services, subject to changes in County revenues and contract performance

- 4.5.2 Establish, individually, the contract periods for specific projects such as tests of new service models, development of service models, system coordination tasks, etc.
- 4.5.3 For on-going projects, evaluation will be completed prior to beginning the next three-year Strategic Plan cycle

Goal 5 Improve the participation of communities and customers in the selection of service priorities and in the evaluation of service effectiveness

- 5.1 Work with communities and customers to improve or develop tools for assessment of the service responsiveness
 - 5.1.1 Service providers will also be involved in development of assessment tools and their administration
- 5.2 Work with underserved populations and service providers to improve or develop strategies to address service accessibility. Underserved populations will be identified in the needs assessment process
- 5.3 Consult with communities and customers on implementation strategies
 - 5.3.1 Service providers will also be involved in development of implementation strategies; funders will be responsible for final approval of service strategies

Goal 6 Develop service strategies that increase the ability of communities and individuals to solve problems themselves

- 6.1 Establish processes to evaluate effectiveness of current community organizing and community and family education efforts in the sub-region used to test collaborative planning
- 6.2 Use client input and other data to assess increases in problem-solving capacities
- 6.3 Use the evaluation to develop recommendations for future programming in the issue area of strengthening families and communities
- 6.4 Use collaborative planning process with other stakeholders to explore other service models for this type of service

Goal 7 Identify interventions which have maximum impact in preventing problem development and escalation of problems

- 7.1 Establish process to identify and evaluate interventions that could occur at early points on the intervention continuum for one of the broad issue areas
 - 7.1.1 Process will include representation of service providers and treatment systems
 - 7.1.2 Select one of the broad issue areas to test the process
- 7.2 Identify appropriate early interventions currently in place within King County's human service infrastructure that are effective—maintain them and promote them
- 7.3 Examine service models and evaluation data from other jurisdictions to identify possible new service models

Goal 8 Improve integration of services for individuals and families with multiple service needs

- 8.1 Select a client population where multiple needs are a factor in the effectiveness of current CSD services
 - 8.1.1 Work with current clients to identify gaps and weaknesses in the system from their perspective
- 8.2 Establish work group to make recommendations on how to improve integration of services for the priority population
 - 8.2.1 Work group will include other service areas, including treatment, which provide services to this population
- 8.3 Examine feasibility of implementing recommendations within existing resources
- 8.4 Select recommendations to implement
- 8.5 Continue involvement of workgroup through the implementation process

Goal 9 Make internal changes within CSD that are needed to ensure successful implementation of the Plan

- 9.1 Restructure staff priorities to emphasize community contact
 - 9.1.1 Increase contact with other jurisdictions and funders, and with human services planning staffs
 - 9.1.2 Organize workloads to facilitate spending time in communities establishing relationships with customers, clients, and local providers
- 9.2 Reorganize staff to serve geographical areas, in addition to program area expertise
- 9.3 Revise contracting process to be more responsive to providers' needs